

***STATEMENT OF
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OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Mr. Chairman and Members of the Subcommittee:

On behalf of the 1.3 million members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views before the Subcommittee on the status of the Department of Veterans Affairs Emergency Preparedness Act of 2002, Public Law 107-287, and post-deployment health care for veterans.

The Department of Veterans Affairs (VA) Emergency Preparedness Act of 2002 authorizes VA to establish an emergency medical education program. This program is to provide health care professionals, including health care professionals outside the Veterans Health Administration to receive education, training, and advice on exposure to chemical, biological, radiological (CBR) agents, incendiary, or other explosive agents.

The Act also provides the VA Secretary with the authority to establish up to four Medical Emergency Preparedness Centers to conduct research and develop methods of detection, prevention, diagnosis, and treatment of injuries, illness and disease resulting from exposure to CBR or other explosive agents. The centers would also provide education, training, and advice to health care professionals, including health care professionals outside the Veterans Health Administration. Furthermore, in the event of a disaster or emergency, to provide medical assistance to federal, state, and local health care agencies responding to the disaster or emergency.

The Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with over 1,300 facilities, including hospitals, ambulatory care and community-based outpatient clinics, counseling centers, nursing homes, and domiciliary facilities. VA's primary mission is to provide health care to our nation's veterans. Its second mission is to provide education and training for health care personnel. VA trains approximately 85,000 health care professionals annually and is affiliated with nearly 1,400 medical and other schools. Its third mission is to conduct medical research. VA's fourth mission, defined in Public Law 97-174, the Veterans Administration and Department of Defense (DoD) Health Resources Sharing Act, enacted in 1982, provides that VA is the principal medical care backup for military health care "[d]uring and immediately following a period of war, or a period of national emergency declared by the President or the Congress that involves the use of the Armed Forces in armed conflict[.]" 38 U.S.C.A. § 8111A.

VA is an essential asset having a multitude of resources and expertise that could be utilized in Federal emergency efforts and post-deployment health. Currently, state and local agencies have the primary responsibility for managing medical response during catastrophic events. VA's role is to augment the efforts of state and local authorities should such events occur, with a supporting role as part of the Federal Response Plan and the National Disaster Medical System. VA's Medical Emergency Radiological Response Team is trained to respond to radiological emergencies. VHA also supports the Public Health Service and Health and Human Service's office of Emergency Preparedness to ensure that adequate stockpiles of antidotes and other necessary pharmaceuticals are maintained nationwide in case of a catastrophic event such as the use of weapons of mass destruction. Additionally, VA, well known as a leading authority in treating PTSD, makes available its highly trained mental health staff to assist victims traumatized by large-scale disasters.

VA also plays a critical role in post-deployment health care for veterans. In past conflicts, veterans have experienced exposure to a variety of toxic substances during military service, prompting VA to develop a core of specialized medical programs and treatments. VA has expertise in areas such as radiation exposure, exposure to toxic chemical, biological, and environmental agents, and recently developed two new centers for the Study of War-Related Illnesses. Clearly, VA is a unique national resource, and all Americans benefit from its exceptional health-related training and research programs.

DAV was supportive of the passage of the Department of Veterans Affairs Emergency Preparedness Act of 2002; however, concerns noted in our previous testimony remain. As this Subcommittee is aware, increasing numbers of veterans are seeking care from VA, yet medical care funding has not kept pace with medical inflation and increased enrollment. This has placed significant financial stress on the VA health care system and caused longer waiting times for patient care. VA must be provided with sufficient funding to respond quickly to new threats, carry out all its missions, and correct deficiencies.

In addition, improved coordination between VA and DoD including clinical, research, and health risk communication is essential to address issues related to the health of military members, veterans and their families during and after deployment. Adverse health consequences of deployment can be minimized through coordination of interagency information management (IM) and information technology (IT) to ensure secure and complete transition of health information between VA and DoD. Lessons learned in previous conflicts reveal record keeping, the quality of pre- and post-deployment health assessments, medical surveillance during deployments, and environmental exposure assessments are integral for post deployment health care. Much has been accomplished in this area, but we believe more can be achieved.

In closing, DAV believes that VA, in its supporting role, makes a significant contribution to the emergency preparedness response activities carried out by the lead Federal agencies. We are confident that the VHA and its dedicated staff will do its utmost to meet its responsibilities to care for those who are injured in defense of our nation. We also believe that enhancing VA's role may be beneficial; however, without sufficient funding, the potential impact on VA to carry out all its health care missions is unclear. We thank the Subcommittee for holding this hearing today and providing DAV the opportunity to express our views on these two important issues.